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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<i>Attorney Docket No.</i>	BP0309-US
<i>First Inventor</i>	
<i>Title</i>	Mixtures of Isobarically Labeled Analytes And Fragments Ions Derived Therefrom
<i>Express Mail Label No.</i>	ET925898411US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: <i>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</i>																																	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 41] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Field of the Invention - Introduction - Brief Description of the Drawings - Definitions - Description of Various Embodiments of the Invention - Examples - References - Claims - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11]</p> <p>5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</i></p> </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.</p>																																			
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies </p>																																			
<p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified copy of Priority Document(s) (<i># foreign priority is claimed</i>)</p> <p>16. <input type="checkbox"/> Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>																																			
<p>18. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____ filed _____</p> <p>Prior application information: _____ Examiner: _____ Group Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																																			
<p>19. CORRESPONDENCE ADDRESS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 40%; padding: 5px; text-align: center;">23544</td> <td style="width: 30%; padding: 5px; text-align: right;">or <input type="checkbox"/> Correspondence address below</td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23544	or <input type="checkbox"/> Correspondence address below																													
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">Name</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Address</td> <td colspan="3" style="padding: 2px; text-align: center;">Applied Biosystems 15 DeAngelo Drive</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Bedford</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Massachusetts</td> </tr> <tr> <td style="padding: 2px;">Country</td> <td style="padding: 2px;">US</td> <td style="padding: 2px;">Telephone</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;">01730</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;">781-280-0804</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;">Fax</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;">781-280-2940</td> </tr> </table>				Name				Address	Applied Biosystems 15 DeAngelo Drive			City	Bedford	State	Massachusetts	Country	US	Telephone	Zip Code				01730				781-280-0804				Fax				781-280-2940
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Name (Print/Type)</td> <td style="width: 45%; padding: 2px;">Brian D. Gildea</td> <td style="width: 30%; padding: 2px;">Registration No. (Attorney/Agent)</td> <td style="width: 30%; padding: 2px; text-align: right;">39,995</td> </tr> <tr> <td style="padding: 2px;">Signature</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">Date</td> <td style="padding: 2px; text-align: right;">1/5/04</td> </tr> </table>				Name (Print/Type)	Brian D. Gildea	Registration No. (Attorney/Agent)	39,995	Signature		Date	1/5/04																								
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

BP0308-US Utility patent App. Transmittal

22387 U.S.PTO
10/751353

010504

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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 770)

Complete if Known

Application Number	to be assigned
Filing Date	January 5, 2004
First Named Inventor	
Examiner Name	to be assigned
Group Art Unit	to be assigned

Attorney Docket No. BP0309-US

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number 02-3240
Deposit Account Name Applied Biosystems

- Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

- Check Credit card Money Other Order

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Description	Fee Paid
1051	130	2051	65	Surcharge – late filing fee or oath
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	420	2252	210	Extension for reply within second month
1253	950	2253	475	Extension for reply within third month
1254	1480	2254	740	Extension for reply within fourth month
1255	2010	2255	1005	Extension for reply within fifth month
1401	330	2401	165	Notice of Appeal
1402	330	2402	165	Filing a brief in support of an appeal
1403	290	2403	145	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive – unavoidable
1453	1330	2453	665	Petition to revive – unintentional
1501	1330	2501	665	Utility issue fee (or reissue)
1502	480	2502	240	Design issue fee
1503	640	2503	320	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee for provisional applications
1808	180	1808	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))
1801	770	2801	385	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application
Other fee (specify) _____				

SUBTOTAL (1) (\$ 770)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims -20** =	Fee from below X	Fee Paid
13	0	18	0
Independent Claims 2	-3 ** = 0	X 86	0

Multiple Dependent

** or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description		
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

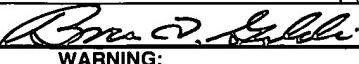
SUBTOTAL (2) (\$ 0)

Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 770)

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Brian D. Gildea	Registration No. (Attorney/Agent)	39,995	Telephone	781-280-2824
Signature				Date	January 5, 2004

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